## Parish of Livingston P.O. Box 998

## Livingston, LA 70754

Phone (225) 686-3021 Fax (225) 686-9989

## APPLICATION FOR CONTRACTOR'S RENEWAL LICENSE.

Please complete application in **BLACK INK** AND **PLEASE PRINT**.

Submit a copy of your resident non-resident status, proof of general liability, a copy of your 2017 state license, and 2017 occupational license.

Payment of fees must be submitted with application. Make checks payable to Livingston Parish President's Council or L.P.P.C.

Date of Application:			
Parish License number: _			
	New License of	orRen	newal
	Residential Building	Commercial Bu	ilding
	ElectricalPlumb	oingMechan	ical
Name of Business:			
Business Address:			
Mailing Address:			
<b>Business Phone:</b>		Fax:	
Owner's Name:			
Owner's Home Address:			
Please print the names of a	nyone who is authorized	d to purchase perm	its or call in inspections
for this company:			
Signature of Owner:			
*FOR OFFICE USE OF	·		
Date Received:			
Approved by:			

Chuck Vincent, Building Official